



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Business Compliance Division
Air Operating Permit Deviation Report

ATTACHMENT D
AIR OPERATING PERMIT REPORTS/FORMS



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Business Compliance Division
Air Operating Permit Deviation Report

| | | | |
|----------------------------|------------------|-----------------------|---------------------|
| For Office Use Only | Date Rcvd: _____ | Processor: _____ | Routed to: _____ |
| | Rcvd by: _____ | Date Completed: _____ | Final Action: _____ |

Operating Permit Deviation Report

Pursuant to 310 CMR 7.00: Appendix C(10)(f), the permittee must promptly report all instances of deviation. Failure to provide this information may result in civil and/or criminal penalties.

This form shall be submitted to report deviations from all applicable requirements, special conditions, and general conditions in the Operating Permit for which deviations, required to be reported by 310 CMR 7.00: Appendix C(1)(f) and Operating Permit General Condition No. 25, have occurred. In addition, this information shall be summarized in the Semi-Annual Monitoring Summary and Certification to demonstrate compliance status as required by 310 CMR 7.00: Appendix C(10).

Supporting information regarding the reports and documentation listed below must be kept on file for at least 5 years and be made available to the Department upon request as required by 310 CMR 7.00: Appendix C(1). Items 1-8 must be completed for each deviation being reported. Photocopy this form as needed. Attach supplemental documentation and additional deviations with pages clearly numbered.

Facility Name _____

Street Address _____

City _____ State _____ Zip Code _____

SSEIS ID Number _____ Transmittal Number _____ Application Number _____

Facility Contact Person _____ Telephone Number _____

Report Type: ☐ Semi-Annual ☐ Timely Reporting of Deviation

Date(s) of Deviation: _____ From _____ To _____

| | | | | |
|---------------------------|--|--|----------------------------|--------------------------|
| 1. EU No. and Description | 2. Emission Limit and/or Standard Exceeded | 3. Previous Deviation? <input type="checkbox"/> Y <input type="checkbox"/> N Date(s) _____ | 4. Frequency of Monitoring | 5. Duration of Deviation |
|---------------------------|--|--|----------------------------|--------------------------|

6. Method Used to Determine Compliance Status _____ 7. Description of Deviation _____

8. Reason for Deviation and Description of Corrective Action Taken _____

I certify that I have personally examined the Deviation Reports and am familiar with the information contained in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

Name of Responsible Official (print or type) _____ Title _____ Phone Number _____

Signature of Responsible Official _____ Date _____

By signing this form, you are certifying to page _____ through page _____



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Operating Permit Supplemental Deviation Report

Facility Name _____

| | | | | | |
|--|--|---|-----------------------------|----------------------------|--------------------------|
| Date(s) of Deviation: _____ | | From _____ | To _____ | | |
| 1. EU No. and Description | 2. Emission Limit and/or Standard Exceeded | 3. Previous Deviation? <input type="checkbox"/> Y <input type="checkbox"/> N | | 4. Frequency of Monitoring | 5. Duration of Deviation |
| | | Date(s) _____ | | | |
| 6. Method Used to Determine Compliance Status | | | 7. Description of Deviation | | |
| 8. Reason for Deviation and Description of Corrective Action Taken | | | | | |

| | | | | | |
|--|--|---|-----------------------------|----------------------------|--------------------------|
| Date(s) of Deviation: _____ | | From _____ | To _____ | | |
| 1. EU No. and Description | 3. Emission Limit and/or Standard Exceeded | 3. Previous Deviation? <input type="checkbox"/> Y <input type="checkbox"/> N | | 4. Frequency of Monitoring | 5. Duration of Deviation |
| | | Date(s) _____ | | | |
| 6. Method Used to Determine Compliance Status | | | 7. Description of Deviation | | |
| 8. Reason for Deviation and Description of Corrective Action Taken | | | | | |

| | | | | | |
|--|--|---|-----------------------------|----------------------------|--------------------------|
| Date(s) of Deviation: _____ | | From _____ | To _____ | | |
| 1. EU No. and Description | 2. Emission Limit and/or Standard Exceeded | 3. Previous Deviation? <input type="checkbox"/> Y <input type="checkbox"/> N | | 4. Frequency of Monitoring | 5. Duration of Deviation |
| | | Date(s) _____ | | | |
| 6. Method Used to Determine Compliance Status | | | 7. Description of Deviation | | |
| 8. Reason for Deviation and Description of Corrective Action Taken | | | | | |

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